



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/810,748
		Filing Date	March 26, 2004
		First Named Inventor	Iu-Meng Tom Ho
		Art Unit	2811
		Examiner Name	Thien F. Tran
Total Number of Pages in This Submission	19	Attorney Docket Number	2986P029C

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px; width: 150px; height: 50px; margin-top: 10px;"> Return Receipt Postcard </div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<div style="border: 1px solid black; padding: 5px; width: 150px; height: 30px; margin-top: 10px;"> Remarks </div>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lehua Wang, Reg. No. 48,023 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 28, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Esther L. Campbell		
Signature		Date	February 28, 2005



FEES TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\\$)** **0.00**

Complete if Known	
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Art Unit	2811
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	30	35*	=	0	X	50.00 = \$0.00
Independent Claims	7	8*	=	0	X	200.00 = \$0.00
Multiple Dependent						

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
2053	130	2053	130	Non-English specification		
1251	120	2251	60	Extension for reply within first month		
1252	450	2252	225	Extension for reply within second month		
1253	1,020	2253	510	Extension for reply within third month		
1254	1,590	2254	795	Extension for reply within fourth month		
1255	2,160	2255	1,080	Extension for reply within fifth month		
1401	500	2401	250	Notice of Appeal		
1402	500	2402	250	Filing a brief in support of an appeal		
1403	1,000	2403	500	Request for oral hearing		
1451	1,510	2451	1,510	Petition to institute a public use proceeding		
1460	130	2460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee (specify)		SUBTOTAL (2)			(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lehua Wang	Registration No. (Attorney/Agent)	48,023	Telephone	(408) 720-8300
Signature				Date	02/28/05



JPW

Attorney's Docket No. 02986.P029C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	Examiner: <u>Tran, Thien F</u>
Iu-Meng Tom Ho	)	Art Unit: <u>2811</u>
<hr/>		
Application No.: <u>10/810,748</u>	)	FIRST CLASS CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))
Filing Date: <u>March 26, 2004</u>	)	I hereby certify that this correspondence is being deposited with the
For: Power and Ground Mesh to Remove	)	United States Postal Service as first class mail with sufficient postage
Capacitive and Inductive Signal	)	in an envelope addressed to Commissioner for Patents, P.O. Box 1450,
Coupling Effects of Routing in	)	Alexandria, VA 22313-1450 on:
Integrated Circuit Device	)	<u>FEB. 28, 2005</u>
	)	(Date of Deposit)
	)	<u>ESTHER CAMPBELL</u>
	)	(Name of Person Mailing Correspondence)
	)	<u>Esther Campbell</u>
	)	2/28/05
	)	(Signature) (Date)

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Examiner:

In response to the Office Action mailed January 26, 2005, please consider the following remarks.